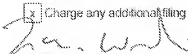
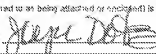


AMENDMENT TRANSMITTAL LETTER				Docket No. 337348048US1	
Application No. 10/782,526-Conf. #3269	Filing Date February 19, 2004	Examiner S. M. Getzow	Art Unit 3782		
Applicant(s): Gliner et al.					
INVENTION: SYSTEMS AND METHODS FOR ENHANCING OR OPTIMIZING NEURAL STIMULATION THERAPY FOR TREATING SYMPTOMS OF MOVEMENT DISORDERS AND/OR OTHER NEUROLOGIC DYSFUNCTION					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	45	- 40 =	5	x 25.00	125.00
Independent Claims	4	- 4 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					125.00
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment of \$125.00 charged to EFT Account No. SEA1PIRM.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 80-0665 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 John M. Wecklin Attorney/Agent Reg. No.: 42,216				Dated: August 1, 2007	
PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247 (206) 356-8000					
I hereby certify that this paper (along with any paper referred to as being attached or included) is being transmitted via the Office electronic filing system in accordance with § 1.6(e)(4). Date: Aug. 1, 2007 Signature:  (Type Name)					

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Gliner et al.

Application No.: 10/782,526

Confirmation No.: 3269

Filed: February 19, 2004

Art Unit: 3762

For: SYSTEMS AND METHODS FOR  
ENHANCING OR OPTIMIZING NEURAL  
STIMULATION THERAPY FOR TREATING  
SYMPTOMS OF MOVEMENT DISORDERS  
AND/OR OTHER NEUROLOGIC  
DYSFUNCTION

Examiner: S. M. Getzow

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated May 21, 2007, please amend the above-identified U.S. Patent Application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.